

SUBMIT THIS FORM TO:
Department of Environmental Quality
Office of Environmental Services
Public Participation and Permit Support Division
P. O. Box 4313
Baton Rouge, LA 70821-4313
(225) 219-3185 or (225) 219-3300
(225) 219-3310 (fax)

FOR DEPARTMENT USE ONLY:
Site I.D. # _____
AI # _____
Date Received _____
Reviewed by _____
Check No. _____
Amount _____
Check Date _____

SOLID WASTE NOTIFICATION FORM

Industrial Generators-Processors-Disposers-Transporters

THIS NOTIFICATION IS (mark X by one of the following):

_____ THE FIRST FOR THIS SITE _____ A SUBSEQUENT NOTIFICATION

FOR SUBSEQUENT NOTIFICATIONS, LIST AGENCY INTEREST NO. _____

1. Name of Operator (and Company Name, if applicable):

2. Mailing Address: _____

3. Facility Name: _____

4. Actual Location/Description (use Street Address, if possible):

5. Location: Section _____ Township _____
 Range _____ Parish _____

Coordinates: Lat. Degrees _____ Minutes _____ Seconds _____
 Long. Degrees _____ Minutes _____ Seconds _____

6. Contact Name: _____

7. Contact Telephone: _____

8. Email: _____

9. Property Owner: _____

10. Property Owner's Address:

11. Type and Purpose of Operation:

(Check applicable box to indicate type of operation and check the line which indicates the purpose of the operation.)

☐ **Generator of Industrial Solid Waste**

(Generators must also submit generator supplemental form.)

☐ **Transporter**

(Transporters must also submit transporter supplemental form and fee.)

☐ **Industrial Waste (Type I)**

Type I (Industrial Waste Disposal Facility)

Landfill _____
Landfarm _____
Surface Impoundment _____

Type I-A (Industrial Waste Processing Facility)

Processing Transfer Station _____
Shredder/Compactor Baler _____
Incinerator Waste Handling Facility _____

☐ **Residential and Commercial Waste (Type II)**

Type II (Commercial/Residential Disposal)

Landfill _____
Landfarm _____
Surface Impoundment _____

Type II-A (Commercial/Residential Processing)

Processing Transfer Station _____
Refuse-Derived Fuel Facility _____
Shredder/Compactor/Baler _____
Incinerator Waste Handling Facility _____

☐ **Minor Facilities/Recycling Alternative Facilities (Type III)**

Woodwaste Landfill _____
Construction/Demolition-Debris Landfill _____
Best Management Practice Plan _____

Compost Facility _____
Resource Recovery/Recycling _____

☐ **Notifications**

Collection Facility _____ Non-processing Transfer Station _____

Non-processing Transfer Stations only: Will this facility be separating non-putrescible recyclable materials from commercial solid waste as allowed by LAC 33:VII.508.C? Yes _____ No _____

Note: Please provide a site plan showing the buffer zone for non-processing transfer stations (LAC 33:VII.508.B.)

Other Describe: _____

12. Total Acres: **Disposal** _____ **Processing** _____

13. Certification: I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify, under penalty of law, that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment. Attach proof of legal authority.

Signature _____
Typed or Printed Name _____
Title _____
Date _____

14. Certification (for transfer and collection facilities only): I hereby certify that I am in compliance with existing land use requirements and local ordinances for transfer and collection facilities.

Signature _____

DETAILED INSTRUCTIONS

1. **Name of Operator/Site:** Enter the name of the operator and the name of the site. The operator is the person having legal authority and responsibility for a site where industrial solid waste is generated or where solid waste is collected, received, processed, or disposed.
2. **Mailing Address:** Enter the mailing address for the site. This office will mail all site related correspondence to this address.
3. **Facility Name.**
4. **Actual Location:** Enter the street address (*not Post Office Box*); highway number; or other specific identifiers, and the city and state in which the information on this form applies.
5. **Location:** Geographic (Section, Township, Range and Parish where the facility is located and the coordinates [*as defined by the longitude and latitude to the second*] of the center point of the facility).
6. **Contact:** Enter the name, title and business telephone/ Fax number of the person to contact regarding information supplied on this form and other related matters.
7. **Telephone:** Number of the contact person.
8. **Email:** Email address of the contact person.
9. **Owner:** Enter the name of the legal owner(s) of the property in which the site is located, using an additional sheet to list multiple owners.
10. **Owner's Address:** Enter the mailing address of the owner(s) of the site.
11. **Type of Operation(s):** The notification form categorizes operations as:

Generator – any person whose act or process produces solid waste as defined in the regulations.

Transporter – any person who moves industrial solid waste off-site and/or who moves solid waste of a commercial establishment or more than one household to a storage, processing, or disposal facility.

Type I Facility – a facility used for disposing of industrial solid wastes. (*If the facility is also used for disposing of residential or commercial solid waste, it is also a Type II facility*).

Type I-A Facility – a facility used for processing industrial solid waste (e.g. transfer station, incinerator waste-handling facility, shredder, baler, or compactor). (*If the facility is also used for processing residential or commercial solid waste, it is also a Type II-A facility*.)

Type II Facility – a facility used for disposing of residential or commercial solid waste. (*If the facility also is used for disposing of industrial solid waste, it is also a Type I facility*.)

Type II-A Facility – a facility used for processing residential or commercial solid waste (e.g. transfer station, incinerator waste-handling facility, refuse-derived fuel facility, shredder, baler, or compactor). (*If the facility is also used for processing industrial solid waste, it is also a Type I-A facility*.)

Type III Facility – a facility used for disposing of construction/demolition debris or woodwaste, composting organic waste to produce a usable material, or separating recyclable wastes (*a separation facility*). Residential, commercial, or industrial solid waste must not be disposed of in a Type III facility.

Industrial Solid Waste – solid waste generated by a manufacturing, industrial, or mining process, or which is contaminated by solid waste generated by such a process.

Commercial Solid Waste – all types of solid waste generated by stores, offices, restaurants, warehouses, and other non-manufacturing activities, excluding residential and industrial solid wastes.

Residential Solid Waste – any solid waste (including garbage, trash, and sludges from residential septic tanks and wastewater treatment facilities) derived from households (including single and multiple residences).

12. **Total Site Acreage** and the amount of acreage that will be used for processing and/or disposal.
13. **Certification:** Provide the signature, typed name, date and title of the individual authorized to sign the application. Proof of the legal authority of the signatory to sign for the applicant must be attached to the application.
14. **Certification:** Provide signature only if you are a transfer or collection facility.

SOLID WASTE INDUSTRIAL GENERATOR SUPPLEMENTAL FORM

****NOTE: A Solid Waste Notification Form must also accompany the supplemental form.**

1. Name of Generator of Industrial Solid Waste _____

2. Description of Generated **Industrial** Solid Wastes: (residential solid waste generators and commercial solid waste generators are not required to notify)

Reference the attached Industrial Waste Code List to select Waste Number.

Waste Number	Waste Number	Waste Number
Waste Name	Waste Name	Waste Name
Amount Generated	Amount Generated	Amount Generated
Waste Is Disposed _____ On-site _____ Off-site	Waste Is Disposed _____ On-site _____ Off-site	Waste Is Disposed _____ On-site _____ Off-site
Name of Disposal Facility/ Location of Disposal Facility/ Parish of Disposal Facility	Name of Disposal Facility/ Location of Disposal Facility/ Parish of Disposal Facility	Name of Disposal Facility/ Location of Disposal Facility/ Parish of Disposal Facility
Process Description	Process Description	Process Description
Chemical, Physical, and Biological Description	Chemical, Physical, and Biological Description	Chemical, Physical, and Biological Description

3. **CERTIFICATION: I hereby under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.**

CERTIFICATION: This is also to certify that this waste is not a listed hazardous waste, and that this waste is not hazardous due to its characteristics and/or process knowledge and it is not a waste within the jurisdiction of the Department of Natural Resources, Office of Conservation.

Signature _____

Title _____

Typed or Printed Name _____

Date _____

INDUSTRIAL WASTE CODE LIST

The industrial waste code is a number that begins with the facility's unique Solid Waste Facility Identification Number and ends with the following three digit waste code descriptive of the waste:

- 001 Absorbent Pads
- 002 Asbestos Contaminated Material/Asbestos
- 003 Ash/Incinerator and Boiler
- 004 Baghouse Dust
- 005 Batteries Spent
- 006 Blasting Media
- 007 Boiler Blowdown
- 008 Carbon/Carbon Black/Coke/Coal
- 009 Catalyst/Cat Fines
- 010 Cement Kiln Dust
- 011 Clean out material
- 012 Contaminated Concrete and insulation
- 013 Contaminated Piping
- 014 Contaminated Sand/Soil
- 015 Cooling Tower Wood and Debris
- 016 Desiccant
- 017 Distillation Bottoms/Distillate
- 018 Empty Contaminated Containers
- 019 Fire Brick/Furnace Brick/Reactor Brick
- 020 Flocculent Solids
- 021 Foundry Sand
- 022 Gypsum
- 023 Insulation/Non-Asbestos
- 024 Laboratory Wastes
- 025 Lime
- 026 Metallic Salts and Oxides
- 027 Off Spec./Spent Materials or Unused Materials
- 028 PCB (Low-level PCB Contaminated Materials)
- 029 Pesticide/Herbicide Contaminated Material
- 030 Plant Maintenance Debris; Contaminated Articles
- 031 Slag/Smelting of Metallic Ore
- 032 Spent Bauxite (Red Mud)
- 033 Spent Caustic
- 034 Treated Woodwaste
- 035 Vessel, Exchanger, Tank, and Pipe Scales

Sludges

- 036 Cooling Tower Basin Sludge
- 037 Impoundment Sludges/Solids
- 038 Paint Waste
- 039 Process Unit Sludges
- 040 Sump Waste/Solids
- 041 Tank Sludges
- 042 Wastewater Treatment Plant Sludges

Filters & Filter Media

- 043 Filter Cake
- 044 Filter Media/Filters

Aqueous Wastes

- 045 Acid/Base Waste (Neutralized)
- 046 Antifreeze
- 047 API Separator Supernatant (Middle Liquid)
- 048 Brine (Raw)
- 049 Cleaners (Spent Neutralized)
- 050 Cooling Tower Blowdown
- 051 Leachate
- 052 Slurry
- 053 Tank Washwater
- 054 Wastewater, Not Otherwise Specified
- 055 Wastewater & Solids/Sludges

Other Wastes

- 056 Miscellaneous; Not Otherwise Specified
- 057 LDEQ Approved E&P

SOLID WASTE TRANSPORTER SUPPLEMENTAL FORM

Please make checks payable to LDEQ and submit to the address above.

Fees: Initial: \$132 plus \$33 per vehicle

I. Applicant Information *(Print Legibly or Type)*

Name of Transporter:	Contact Name & Title:	
Transporter Mailing Address:	Contact Phone:	Contact Fax:
City, State, Zip:	Transporter's Physical Location/Street Address:	Parish :
Contact Email Address:	City/State/Zip:	

II. Waste to be Transported *(Check each applicable line or box)*

<input type="checkbox"/> Industrial Waste <input type="checkbox"/> Residential & Commercial Waste <input type="checkbox"/> Woodwaste <input type="checkbox"/> Construction/Demolition-Debris	<u>Special Wastes:</u> <input type="checkbox"/> Asbestos <input type="checkbox"/> Medical Waste <input type="checkbox"/> Grease Waste <input type="checkbox"/> Other, Describe: _____
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III. Vehicle Information *(Please list all vehicles that will be used to transport solid waste, including make, model, year, license number, and name of registered owner, if different from transporter.)*

MAKE	MODEL	YEAR	LICENSE NUMBER	REGISTERED OWNER

Certification: I have personally examined and I am familiar with the information submitted, and I hereby certify under penalty of law that this information is true, accurate, and complete. I am aware that by submitting this information and receiving any authorization numbers, I am subject to the requirements of LAC 33:VII.Subpart 1, that govern my activities. I am also aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Print Name and Title

Date